

Montgomery County, MD
Department of Liquor Control
201 Edison Park Drive, Gaithersburg, Md. 20878
DLCSUPPLIERSETUP@montgomerycountymd.gov

BEVERAGE ALCOHOL SUPPLIER REGISTRATION/CHANGE FORM

Company Information:

Type of Organization (Please check one):

- ☐ US Business Entity
☐ International Business Entity
☐ Individual/Sole Proprietor

Legal Name: _____

Please note that for US businesses and Individuals, the Legal Name above MUST MATCH the company name or full individual name on file with the IRS for the taxpayer Identification Number entered below. Your registration may not be processed if they do not match. Please do NOT include Doing Business As (DBA) or Trading As (TA) in the LEGAL name. Please use the line below (Alternate Company Name) to capture that information. Please ensure invoices sent reflect your legal name.

Alternate Company Name: _____

Taxpayer Identification Number (TIN): _____ (EIN or SSN -> 999999999)

Non-Resident Dealer Permit Number: _____ (out-of-state suppliers)

Business License State: _____: Business License Number: _____

Dunn and Bradstreet D-U-N-S Number: _____

Primary NIGP Commodity Code is 660-05

State of Incorporation / Registry: _____

Website: _____

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Remittance Address:

Shipping SITE(s): Please provide a complete Address.

**SITE ABBREVIATION:
COMPLETED BY DLC**

(1) _____	_____
(2) _____	_____
(3) _____	_____

To be completed by Montgomery County, Department of Finance:
Tolerance Levels Populated: _____

Contact:

We are requesting the following types of contact information on the following page:

- 1. Representative who will update your product price on our online system –iSupplier.**
- 2. Representative who will receive a billback (promotional allowance or DA) invoice from DLC.**
- 3. Representative who will be DLC's Sales contact for product information.**

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iSUPPLIER CONTACT: -(Please read memorandum on iSupplier)

First Name: _____

Last Name: _____

Telephone Number: _____

Mobile Number: _____

FAX Number: _____

Email Address: _____

BILLBACK CONTACT:

First Name: _____

Last Name: _____

Telephone Number: _____

Mobile Number: _____

FAX Number: _____

Email Address: _____

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SALES CONTACT:

First Name: _____

Last Name: _____

Telephone Number: _____

Mobile Number: _____

FAX Number: _____

Email Address: _____

IRS TIN Matching and W-9

Montgomery County matches specific details of all suppliers registering to do business with Montgomery County against the IRS records. Your LEGAL COMPANY NAME and TAXPAYER ID MUST match the IRS records. If the combination of data is INVALID and DOES NOT MATCH IRS records, your request to be registered with Montgomery County may NOT be processed. Montgomery County Department of Liquor Control or Montgomery County Department of Finance (Accounts Payable) may contact you for further information.

Please note that your payee name (company LEGAL NAME) shown on this registration MUST match what is on any subsequent contract purchase order and invoice.

*Contact Accounts Payable by email
(APsuppliermaintenance.Finance@montgomerycountymd.gov) or by phone (240-777-8850) if you have any questions or concerns.*

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Attachments:

_____ IRS form W-9 (Required)

_____ Automated Clearing House (ACH) method of payment form (optional but encouraged)

Registration:

Once the registration process is completed, you will be registered to do business with Montgomery County, Maryland, Department of Liquor Control.

Signature of Authorized Official

Date

Printed Name

Phone Number